

PSJ17 Exh 45

ACTIQ National Consultants Meeting
Ritz-Carlton, New Orleans, Louisiana
Friday, April 11 - Sunday, April 13, 2003

Event Evaluation

How do you currently use ACTIQ in your practice (think about patient types and desired outcomes)?

- Chronic pain, low back, neck pain
- Cancer BTP, trigeminal neuralgia and migraine rescue
- Primarily as breakthrough for patients on long acting baseline medicine, occasionally for use of severe migraine
- Cancer pain, pain procedure, titration with long acting opioids
- Mostly chronic post-surgery, back and neck pain, severe degen. Conditions, OA, RA – my practice is mostly ortho and musculoskeletal
- Use in breakthrough pain which has sudden intermittent onset
- Not really using it much prior to meeting – have learned points when it may be helpful through meeting
- Very little. After this meeting I can think of using ACTIQ on patients who have a difficult time in the mornings because of increased pain
- Breakthrough for severe pain
- BTP in opioids tolerant chronic pain patients, treatment of acute migraine
- Breakthrough pain for chronic cervical or lumbar pain, usage for chronic head pain trigeminal neuralgia for migraine headaches
- For breakthrough pain
- I have very limited experience with ACTIQ
- Chronic non-malignant pain, not a first line drug, especially useful in patient with G-I disease
- Migraine, breakthrough, AM pain of DA, pre-procedure for radio frequency
- Acute and chronic pain, need patient med without bad side effects
- Chronic pain (e.g., failed back, PHN), cancer, works very well for post procedure pain (e.g., discography, RF procedures – avoids the “shot”)
- Chronic LBP, cancer patient
- Patients who can’t swallow or have various bowel syndromes, breakthrough in patients maintained on, patients who have failed other opiates, usually up to 4 per day
- Breakthrough pain with migraine and chronic non-malignant pain
- Do not use it currently
- Break through medicine, acute migraine HA
- Breakthrough pain
- Chronic pain breakthrough
- Chronic non-cancer pain, fibromyalgia
- Non-cancer pain, pre-procedure, acute pain – injury, zoster
- Cancer patient, chronic pain (post laminectomy, spinal stenosis,...)
- Vertebral fractures, OA back/knees/hips, failed total it’s, peripheral neuropathy
- Chronic low back pain, post laminectomy pain, some headache patients
- I am using ACTIQ for BT pain for chronic pain patients namely in CA pain, migraine, failed back and phantom limb – I will now be adding herpes zoster and PHN patients to my list!
- Breakthrough for patients on long acting opioids, primary med. for patients with episodic pain

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Please rate the overall presentations:

Saturday, April 12, 2003

Characteristics of Breakthrough Pain by Steve Shoemaker, MD

Not Relevant					Very Relevant
1(0)	2(0)	3(0)	4(3)	5(10)	6(19)

Why did you give this rating?

- Good data review
- Excellent knowledge, excellent presentation
- Excellent lecture
- Good scientific data
- Review of research very helpful
- Topic well addressed
- This is what I see in my practice
- I now better understand the pathophysiology of breakthrough pain
- Very knowledgeable, good slides, good speaker
- Excellent overview/presentation
- Good talk – updated information
- Inaccuracies in talk, too “company” geared
- Clear, relevant
- Good overall synopsis
- Good presentation
- Data presented well – but would help to provide copies of key studies professional presentation
- Most of the information presented I already know
- Well versed
- Excellent med. for breakthrough pain
- Very informative and extremely relevant to my practice

		Low				High	
Effectiveness of speaker	1(0)	2(0)	3(1)	4(3)	5(9)	6(18)	Blank(1)

Pathophysiology of Pain by Daniel Bennett, MD

Not Relevant				Very Relevant	
1(0)	2(0)	3(0)	4(2)	5(8)	6(22)

Why did you give this rating?

- Thorough speaker
- Very clear descriptions and slides
- Good general review on the mechanism of pain
- Important to understand and to review new (?) knowledge
- Crisp, clear, would have liked to hear more from this speaker
- Helps me understand strategies for pain treatment
- Better understanding of synergistic approach to pain management
- Good understandable summary, good slides
- Excellent overview/presentation
- Good review
- Excellent talk, good science
- Very practical, good basic science
- Ok review of pain physiology
- Excellent review!
- Did not find talk providing new information – presentation not as professional, very good slides

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- Only few new information
- Made the etiology of pain very understandable
- I know this stuff is important but oh so boring :(

	Low					High
Effectiveness of speaker	1(0)	2(1)	3(2)	4(2)	5(9)	6(18)

Pain Management Application: Chronic Back pain/ Arthritic Pain by Steve Simon, MD, RPh

Not Relevant	Very Relevant
1(0) 2(0) 3(3) 4(3) 5(6)	6(18) Blank(2)

Why did you give this rating?

- He basically gave his personal experience and had an answer for everything
- Frequent, probably most common issue in pain management
- Good overview of enormous topic
- What I actually see in my office
- Good slides, good delivery
- Excellent overview/presentation
- Good talk
- Just "ok"
- A little scattered and rambling
- No new info, lots of opinions not all evidence based
- Too basic
- Basically acute pain talk and arthritis, professional – good slides
- Being a rheumatologist I found this very appropriate
- Chronic back and arthritic makes up 60-70% of my practice

	Low					High
Effectiveness of speaker	1(0)	2(0)	3(3)	4(3)	5(12)	6(13) Blank(1)

Pain Management Application: Migraine Headache by R. Steven Singer, MD

Not Relevant	Very Relevant
1(0) 2(1) 3(0) 4(8) 5(8)	6(15)

Why did you give this rating?

- He gave his personal experience, it was an honest presentation
- I see a number of headache patients
- On target
- I am a neurologist and treat headache patients
- I have multiple HA patients in my practice
- Headache is a very big problem and narcotics are controversial
- Excellent overview presentation
- Good talk – tough subject
- Interesting topic, a little too "folksy"
- Very practical
- Nothing new
- I rarely see migraines
- See some migraines, but less than back pain. Professional, slides okay
- Information not relevant to my practice
- HAs are very prevalent
- HA patients are the biggest challenges in my practice – I was happy to learn great new info
- I don't see many headache patients

	Low					High
Effectiveness of speaker	1(0)	2(0)	3(2)	4(4)	5(10)	6(13) Blank(3)

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Sunday, April 13, 2003

Abuse, Addiction, Diversion by Jeffrey Gudin, MD

Not Relevant					Very Relevant	
1(0)	2(0)	3(0)	4(2)	5(10)	6(19)	Blank(1)

Why did you give this rating?

- Would have liked specific detox protocol discussed
- Very useful information
- Very frequent issue in pain management
- Too broad a topic for this short period
- I have this concern in my office
- I have multiple concerns with diversion/addiction
- Extremely important issue
- Excellent overview presentation
- Best speaker you had!
- Good talk – lots of information
- Good lecture, good science
- Excellent speaker
- Addressed issues of concern
- Excellent
- Good talk – good slides
- Lots of practical info
- The information are relevant to my practice
- Only talk I've ever heard that addresses both pain and addiction
- I am always looking for ways to improve my practice. Dr. Gudin provided great information on how to improve documentation and limit abuse potential of meds

	Low				High	
Effectiveness of speaker	1(0)	2(0)	3(1)	4(0)	5(7)	6(19) Blank(5)

Did the meeting format facilitate open discussion? 31 Yes 1 No

If not, what recommendations would you make?

- Panel discussion on the first day as well
- Break out sessions – smaller groups for discussions
- It can be better by giving more time for discussion after each lecture
- Great format! The format definitely encouraged open discussion. Dr. Shoemaker did a great job of facilitating the discussion

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What key points from today's discussion can be used in the development of future programs?

- Legal issues of prescribing
- Continuing education for all aspects of acute and chronic pain
- Titration from other oral opiates to ACTIQ
- Need to do double blind placebo controlled studies in patients with OA, RA and orthopedic surgery, back pain (?) vertebral Fxs, this data is fundamental for practitioners to use narcotics with confidence!
- Addicts do have pain problems – more discussion of how to manage those difficult patients
- What is the company doing at the government level
- Equivalent to IV MS
- More on abuse and diversion. Get speaker from the legal community
- Obviously need further studies showing well controlled studies with specific problems
- Panel discussion
- Use of ACTIQ in arthritis
- To use ACTIQ in office procedures
- Possibly devoting more time to drug abuse/diversion. Everyone seemed to have a lot of questions on this topic

What new information did you receive from today's discussion?

- Pharmacokinetics
- Further evidence that ACTIQ is safe and effective
- Info re: diversion, dosing of ACTIQ
- More info on effective titration of ACTIQ and which patients to use it in
- I learned about the management of breakthrough pain, many practical, useful cues about addiction and risk management program
- That ACTIQ may be able to replace use of LA (?)
- How to use ACTIQ in headache management
- ACTIQ is safer than I thought it was. My concerns are the same as those of my colleagues in the community
- Some ideas in controlling difficult patients – (?) or large doses of other (?)
- Flexibility in dosing with increased (?) dose
- More info on pharmacology and potential clinical issues
- Several ideas for new applications or uses
- Addiction, withdrawal, detox
- Very helpful with legal ramifications
- Different use of ACTIQ
- Excellent information on protecting my practice by improving documentation. I liked Dr. Gudin's discussion on not discouraging patients for violating contracts but offering them other treatment options. Where can I get a "welcome kit"?

Please rate the overall event

17 Excellent 8 Very Good 0 Good 0 Fair 0 Poor 7 Blank/NA

